DOCUMENT RESUME

ED 157 364 EC 111 881

AUTHOR Phasha, G.M.
TITLE Programming Handicapped Children for the Future.
PUB DATE Jun 78
NOTE 15p.; Paper presented at the World Congress on Future Special Education (First, Stirling, Scotland, June 25 - July 1, 1978)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Comparative Education; *Educational Programs; Elementary Secondary Education; *Foreign Countries; *Handicapped Children
IDENTIFIERS *South Africa

ABSTRACT

The paper reviews educational programs for handicapped Black children in South Africa. Considered are the historical background; preparation of handicapped children for the future; aims of special education; programs for the aurally handicapped, visually handicapped, and physically handicapped; mainstreaming; and educational services not yet provided for. (SBH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED157364

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PROGRAMMING HANDICAPPED CHILDREN FOR THE FUTURE

by

G. M. Phasha

Vice-Principal
Boselle School for the Blind
Mpudulle, South Africa

Republic of South Africa
Department of Education and Training
Scheiding Street 196
Private Bag X212
Pretoria 0001
REPUBLIC OF SOUTH AFRICA

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C.E.C

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

EC111881

PROGRAMMING HANDICAPPED CHILDREN FOR THE FUTURE

Ladies and gentlemen, allow me to express a few words of thanks and appreciation to those persons and organizations who have so generously contributed towards creating this opportunity for me to attend this World Congress. I can assure you that Black handicapped children in South Africa will greatly benefit from knowledge and experience gained during the course of this Congress.

I am fully aware of the fact that many experts in the field of special education are present here today. Special education covers such a wide spectrum and has so many facets that specialization has become essential. As I have been a teacher of the blind for many years I shall restrict myself to this field only. Details in respect of the other handicaps and related aspects have been supplied by the Department of Education and Training.

1 Historical Background

The teaching of handicapped Black children in South Africa dates back to 1st July 1944 with the establishment of the Kutlwanong School for the Deaf. Since the establishment of this school, much progress has been made in the field of special education. In 1961 when the Department of Bantu Education took over the responsibility of special education for Blacks, there were 4 schools in operation with a total enrollment of 312 children. At present, there are 15 schools providing special education for 510 blind, 1,465 deaf and 500 orthopaedically handicapped and cerebral palsied Black children.

In South Africa, as in many other countries, special education is controlled through legislation. However, in earliest times, the education of the handicapped child was undertaken by various welfare organizations and church denominations, and not the State. It is therefore the attitude of the Department of Education and Training that this function, namely the education of the handicapped child, remains the responsibility of the community. The majority of special schools for Black children are therefore managed by different church denominations and subsidized by the Government. A government subsidy is as high as 95% of a school's total budget.

South Africa is a big country with a relatively small population. Hostel facilities are therefore provided for. During the school holidays, twice a year, the children are escorted to and from their homes.

Special education in South Africa is free.

2. "Programming handicapped children for the future": I would interpret this statement as 'preparing handicapped children in a systematic way for the future'. What is done or what should be done to prepare the child for meaningful employment and, as far as possible, to take his rightful place in his community.

Who are these handicapped children? The answer to this question is embodied in existing legislation.

"A child who in the opinion of the Secretary is capable of deriving appreciable benefit from a suitable course of education, but who on account of blindness, deafness or epilepsy or any

other physical defect deviates from the majority of children to such an extent that he

(a) cannot derive sufficient benefit from the instruction normally provided in the ordinary course of education; or

(b) requires special education to facilitate his adaptation to the community; or

(c) should not attand an ordinary class in an ordinary school because such attendance may be harmful to himself or to other pupils in that class or school."

3. <u>When we prepare handicapped children for the future, what are we aiming at</u>?

Our educational aims may be arbitrarily summarised as follows: to develop each handicapped child's spiritual, mental and physical abilities to their fullest potential.

The emotional acceptance of his handicap by the handicapped child is essential to his healthy development as well as to his integration into society. In addition, social adaptation to his environment is essential for the handicapped child to make him realize that despite his handicap, he has certain obligations to fulfill and a role to play in society.

Each child should be given the opportunity to develop his intellectual abilities to their fullest extent. This, together with the physical development of the child, in collaboration with medical, paramedical, psychological services and other aids, can be regarded as the most important aim of special education.

It may therefore be stated that the aim of special education is to prepare the handicapped child to take his rightful place in society.

4. In order to achieve these objectives, my Department is committed as follows:

4.1 Buildings and Equipment:

Schools for the deaf, the blind and the physically handicapped have been established. These schools are well-equipped and include, inter alia, audiometers, braille machines, thermoform duplicators, large print typing machines, electrical typewriters for the cerebral palsied, tape recorders, language masters and overhead projectors.

4.2 Teaching Staff

A two-year in-service training course, the Diploma in Special Education, has been introduced by the Department for qualified teachers who wish to join our ranks. Separate diploma courses are offered for the teaching of the deaf, the blind and the physically handicapped. Lectures are given by principals and vice-principals of the schools concerned, while two inspectors of special education control and supervise these courses.

Each diploma course consists of the following subjects:

History of Special Education
Physiological Medical Aspects of the Handicapped
Orthodidactics
Psychological Aspects of the Handicapped Child.

Upon completion of his course (a written examination must be passed) the teacher receives a salary improvement equivalent to one salary category.

Staff have been amply provided for, with a teacher/pupil ratio of 1 to 10. Each child therefore receives individual tuition.

4.3 The Multi-disciplinary approach.

It is our belief that educators of handicapped children are concerned with the development of the whole child and for this reason a number of different people comprise the team that will, in an efficient way, bring the child to his optimum level of achievement. This team consists of the following:

Teaching Staff, including the principal and vice-principals.

Medical staff, consisting of a general practitioner or school doctor, an ear, nose and throat specialist, orthopaedic surgeon, eye specialist, paediatrist and nursing staff.

Paramedical staff: Physiotherapist, occupational therapists and speech therapists.

Psychological services

Due to the scarcity of suitably qualified paramedical staff, schools experience difficulties in filling all their posts. A recent development is approval for the appointment of a full-time psychologist on the staff of every school. This takes effect in 1979.

Each member of the multi-disciplinary team studies and examines each child thoroughly after which a complete report is compiled. The team meets once a week to discuss each child. This approach ensures that the child receives only the best treatment. More important, however, is the liaision that takes place between the different disciplines. Members of the team

learn from one another and are provided with the opportunity to discuss mutual problems.

4.4 The School Program

4.4.1 The Aurally Handicapped

Educating the deaf is a most difficult task. When the deaf child is admitted to one of our schools, whatever his age, linguistic development is at an extremely low level. For this reason the education of the deaf centres round language development.

A specially adapted syllabus based on the method developed by Miss M. Miller is used in all our schools for the deaf. This syllabus is known as: "The structured language course" in South Africa and embraces 23 different steps. Once a teacher has completed a step and he is convinced that the pupils have mastered that step satisfactorily, a promotion committee consisting of members of the teaching staff test the pupils to determine whether they may proceed to the next step.

It must be borne in mind that Miss Miller's course was designed originally for English speaking children. In South Africa we have ten different major language groups. Mother tongue instruction is accepted policy in all our schools with the result that the structured language course had to be adapted to the structure of each language group -- a formidable task!

Specially adapted syllabuses are also employed in the teaching of other subjects.

These syllabuses are different from those used in ordinary schools, with the result that the usual class division of Sub A, Sub B, Std. 1, Std. 2 .... etc., is not used in a school for the deaf. In schools for the deaf, pupils are grouped in classes A, B, C .... or I, II, III .... etc. Having passed the highest class, the pupil obtains a certificate, certifying that he has attended a school for the deaf. This certificate is not the equivalent of a Std. 5 certificate. Our goal is that deaf children should follow ordinary syllabuses one day. At this stage this is not possible. We are working towards the attainment of this goal.

To help the deaf child to become preficient in the use of language, a combined method, i.e., signs, finger spelling, speech and lipreading is used in our schools. A healthy balance is maintained between signs and speech. Signs and finger spelling are looked upon as aids and speech the ultimate goal. A deaf person can only be truly independent if he can speak and lipread. This combined method ensures that those incapable of speech and lipreading can communicate by means of signs with people conversant with this form of communication. The deaf are also capable of communicating through writing. It is, therefore, also important for the deaf to learn to use meaningful language through the written word. Systematic language brings about systematic thought patterns, relevant to any work situation.

4.4.2 The Visually Handicapped

Due to their handicap the blind have little to gain from

ordinary education and literature in written or printed form. Written work done by these children, as well as all literature, must be transposed into braille.

As the blind can be taught to read braille fluently, they can follow the normal school curriculum. Numerous blind people have achieved success. The legal adviser to Lebowa, one of our self-governing territories, for instance, is a blind person who received training at one of the schools for the blind.

At the secondary school level, the blind pupils are encouraged to choose subjects that will make a realistic study of the subject matter possible and ensuring a university exemption pass.

Blind pupils write the same examinations as normal children, although the question papers are adapted in that written sections are transposed into braille. Sketches and diagrams are adapted so that they can be tactually explored and understood. Additional examination time is allocated to blind candidates: 15 minutes per hour is regarded as sufficient.

4.4.3 The Physically Handicapped

At present orthopaedically handicapped and cerebral palsied children are admitted to the same school.

The percentage of cerebral palsied pupils in our schools was initially quite low. As a result of developments in the medical field, the mortality rate amongst cerebral palsied children has dropped resulting in a considerable increase in admissions.

The orthopaedically handicapped person can follow the normal curriculum without requiring any special educational aids or adaptations.

In the case of the cerebral palsied child, it is a different matter altogether: the cerebral palsied child may have perceptual problems over and above serious motor problems, both of which retard intellectual development. Furthermore, this child is hyperactive, perseverates and he suffers from serious fluctuations in attention; and 50% of all cerebral palsied persons also have epilepsy.

With cerebral palsied children, the situation arises that a child performs at different levels, resulting in his developing an excellent ability in arithmetic, but a very low language ability. A particular child can therefore achieve varying standards of ability in the various subjects.

The cerebral palsied child also has to cope with serious frustrations which may lead to an emotional explosion in the form of a catastrophic reaction. He sometimes has speech defects which impede communication. Athethoids often have normal intelligence but are unable to speak on account of involuntary muscle contractions. This causes frustration.

It is imperative that separate facilities will have to be provided for the orthopaedically handicapped and the cerebral palsied.

Special equipment is needed, for example, electric typewriters, th pencils, rubber digits, magnetic tapes, tape recorders and especially, orthopaedic aids.

Schools for the physically handicapped simply cannot function effectively without medical and paramedical personnel.

Additional examination time is also required by the cerebral palsied child.

4.4.4 Preparatory classes

Handicapped children do not mature sufficiently without help to be admitted to school. They are also handicapped in their exploration of their environment; their range of experience is therefore limited. Their inability to communicate increases their backwardness. Their inability to investigate and experiment is often reinforced by over-protective parents.

When such six-year-olds are admitted to school, they have obviously missed out on the golden years between 2 and 6.

When the handicapped child is admitted to a special school, he first undergoes an intensive introductory preparatory course -- specially geared to school maturity -- before formal education can commence. This introductory course extends, for instance, the child's range of experience by means of excursions, etc., and by following a structured perceptual development programme.

It is imperative that parents receive guidance at an early stage so that they too can give the child maximum educational support. The sooner the young child is stimulated intellectually, the better the prognosis.

4.4.5 Handicrafts

A particular handicap precludes a child from certain careers: he has a limited choice. For this reason the pupil must be

convinced that handicrafts, trades and other manual skills are of equal value to other fields of endeavour. For this reason, and to develop the child's ability in this sphere, special schools allocate a large amount of time to handicrafts.

4.4.6 Pre-Vocational Training

Over and above receiving tuition in academic subjects and handicrafts, the handicapped child must also be prepared for adult life. No handicapped child can be left to his own devices after leaving school after Std. 5. Before being discharged, such a child is placed in a pre-vocational training class where he learns what will be expected of him after leaving school.

5. Main Streaming

Many people advocate that handicapped children should attend ordinary schools and that special schools should be abolished.

We, however, are of the opinion that special schools have an important function: not all handicapped children will be able to adapt to ordinary schools. Admitting the severely handicapped to ordinary schools must lead to failure after failure. We do agree that children who do not have serious handicaps and who can adapt to ordinary schools, should not be admitted to special schools as this would be to their detriment. Such children are the hard of hearing, the partially sighted and the orthopaedically handicapped whose disabilities are not so severe that they should prevent them from attending an ordinary school.

6. Educational services not yet provided for.

6.1 The hard of hearing.

These children can be placed in special classes in ordinary schools as they do not make much progress in normal classes. They should not be placed in special schools.

Children who make little progress in Sub A in ordinary schools, must be tested for hearing defects.

A survey has recently been conducted in one of the major Black cities in South Africa in order to trace children who are hard of hearing. These children will be placed in special classes attached to ordinary schools.

6.2 The partially sighted.

These children can also be placed in special classes at ordinary schools.

Children who make little progress in Sub A in ordinary schools, must be tested for visual defects. A similar survey to trace partially sighted children has been conducted in Soweto. These children will also be placed in special classes attached to ordinary schools.

6.3 The mentally retarded.

These are children with an I.Q. between $\pm$ 30 and 50, who are trainable. The Department of Education and Training has recently accepted responsibility for this group of children.

These children are trained at training centres where the emphasis is mainly on the socialization of the child. A number have already been established. They are at present subsidized

and controlled by the Department of Health.

6.4 Epileptics.

Special schools for these children must be established soon.

6.5 Children with specific learning problems.

7/ Conclusion.

Ladies and gentlemen, at this stage I consider it appropriate to determine whether we have succeeded in attaining our goal. I can think of numerous blind telephone operators who are fully independent and self-sufficient, there are blind teachers teaching the blind, numerous deaf boys and girls who are employed in factories, there is the case of deaf boys who formed a team of builders and competed successfully with their normal counterparts. High school personnel regard ex-students from our schools for the physically handicapped as excellent students. Many of our ex-students who are physically handicapped work in factories, not only as labourers but also as white collar staff. We are exceedingly grateful that so many handicapped children are helped to lead independent and self-sufficient lives..

Thank you.